DOCUMENT RESUME

ED 269 557 CE 042 895

AUTHOR McGuire, Nan; And Others
TITLE Job Sharing in Health Care. A Handbook for Employees and Employers.
INSTITUTION New Ways to Work, San Francisco, CA.
PUB DATE 84
NOTE 50p.
AVAILABLE FROM New Ways to Work, 149 Ninth Street, San Francisco, CA 94103 ($5.50 plus postage and handling; 10-25--10% discount; 26-50--15% discount; 51+--20% discount).
PUB TYPE Guides - General (050)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Case Studies; *Employment Practices; *Health Occupations; *Health Personnel; *Job Sharing; *Program Administration; Program Costs; *Program Implementation

ABSTRACT

This handbook provides detailed information about job sharing for both administrators and potential sharers who are interested in implementing this new work arrangement. It incorporates results of a survey of job sharing in health care organizations as well as interviews and contacts with health care providers. A section on employees and job sharing begins by considering benefits to sharers. These three basic steps involved in the process for the would-be sharers are discussed: finding a partner, developing a proposal, and making a presentation to the employer. Sample proposals and case studies are provided. A section on employers and job sharing first addresses questions of cost and management, including salary, fringe benefits, new benefits for employees, minimization of layoffs, and service improvement. Discussion of the implementation process focuses on reviewing a written proposal, interviewing teams, and enlarging the scope. A policy/procedure guidance format is provided. Three case studies follow. Attachments include a synopsis of survey results, addresses for the National Network for Work Time Options, and a list of references. (YLB)

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JOB SHARING IN HEALTH CARE

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NEW WAYS TO WORK
A HANDBOOK FOR EMPLOYEES AND EMPLOYERS

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JOB SHARING
IN HEALTH CARE

Prepared by:

Nan McGuire, Barney Olmsted
and New Ways to Work Staff

New Ways to Work (NWW) is a non-profit, work resource and research organization. Founded in 1972, it opened because of a belief that many people's work needs were not being met in our changing society. The Job Sharing in Health Care project was undertaken in response to the numerous requests for assistance from health care organizations and professionals.

Many individuals have generously provided time and information to make this booklet possible. Special thanks are due to Doris Wagner, Richard Rawson, Barbara Gamberg, Mary Kerrigan, Patricia Wolfe, Bill and Jacqueline Morice, Judith Murphy, Joseph Ferrentino, Deborah Klinger, Joyce Drake and Donna Pronko.

The research for this project and production of this booklet was made possible by grants from the Kaiser Family Foundation. It does not necessarily reflect the views or opinions of the Foundation. Editing, design and production are by the San Francisco Study Center/Community Graphics.

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Introduction

Interest in job sharing is growing throughout the U.S. workforce as more women become employed and technology alters the very nature of work.*

Attitudes about work and how it relates to other aspects of life are changing. Fewer people subscribe to the traditional lockstep view of education-work-retirement. Neither do they want to postpone all leisure goals until the end of their lives. Job sharing is the newest scheduling option to be developed in response to the pressures for change, and it is attractive to many health care professionals.

A 1980 American Hospital Association source book for executive management on *Hospital Nurse Recruitment and Retention* notes:

"Scheduling problems are often cited as significant contributors to dissatisfaction and turnover among nurses . . . The objective is to develop scheduling patterns that permit nurses to know what their schedules will be so they can make plans for their lives and families . . . A hospital must look to the needs of its nursing staff, compare those with its nurse staffing requirements and adopt a scheduling system that most closely satisfies the needs of all concerned. One element common to most of the successful scheduling and staffing patterns is flexibility. The hospital's willingness to adapt to the personal needs of its nursing staff is often critical."

The need for more flexible approaches to work scheduling is not confined to the nursing profession. In the late 1970s, a Reduced Schedule Residency Project was initiated under the auspices of Harvard Medical School. The impetus for the project, which provided opportunities for two people to share a residency, came from concerns about the effect of the long hours of a traditional schedule on the quality of patient care, the quality of learning possible and the limitations that the long hours imposed on young women's ability to enter the medical profession while they were in their childbearing years. Subsequently,

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* Women's labor force participation rate increased 173% from 1947 to the present. More than 42% of all American workers now are female and many of them have young children. According to a 1984 Bureau of National Affairs Special Report, *Employers and Child Care: Development of a New Employee Benefit*, more than 42% of all women with children under age two were in the labor force in 1981, half of all mothers with preschool children were working outside the home and almost two-thirds of all mothers of school-age children were in the labor force.

shared internships have also been authorized at some hospitals. (See proposal for shared internship, page 14).

Another indication of the need for reduced work schedules is evidenced by the growing number of health workers in a wide variety of fields who are presenting proposals for job sharing to their supervisors. A relatively small sampling of existing job sharing in the health care professions identified 28 job classifications that were being shared, including head nurse, physical therapist and radiology technician.

To examine the various issues involved in introducing job sharing as an employment option within health care settings, NWW conducted a survey of job sharing in health care organizations. This handbook incorporates the results of that survey and interviews and contacts NWW has had with health care providers in the past 12 months. It provides detailed information about job sharing for both administrators and potential sharers who are interested in implementing this new work arrangement.

Employees and Job Sharing

Issues to Consider

For employees, job sharing is primarily a quality of work life issue. Both current and potential sharers employed in health care have identified several benefits of this arrangement that are not found in traditional modes of part-time employment. They include:

1. Improved access to and status of part-time work: In recent years, there has been a considerable increase in part-time employment opportunities in health care, particularly for nurses and some lower level support positions. Overall, however, the opportunity still is rare. Even where it is available, part-time employees often are utilized as "floaters" and substitutes rather than given permanent assignments. Moreover, they often have different pay scales, benefits and protections than their full-time colleagues, and many are hired through an intermediary agency. The general effect has been to:

- Limit the types of positions available on a part-time basis—confining them primarily to classifications with fewer responsibilities and little or no opportunity for advancement.

- Reduce or negate the part-time employees' identification with the employing institution's labor force.

Job sharing upgrades the status of part-time work by putting it on a par with full-time positions and allowing for more stable assignments. It also provides a way to broaden the number and type of job classifications in which employees can work part-time.

2. Better ability to manage time efficiently: Many people in the health care field are working parents with young children. The scheduling demand of work and family often conflict. Also, because of the changing circumstances and technology in all areas of the health care field there are pressures to continue education and training. Some employees would prefer to balance these demands on their time by working less than full time. In addition to being a part-time option, job sharing in many organizations offers a unique asset: the possibility of trading time with a partner. This means sharers can readjust schedules as necessary for their personal needs as well as the demands of the job.

3. Opportunity to reduce stress/burnout: Many job sharers cite burnout —the result of working full-time in a high-pressure environment—as their reason for wanting to reduce work time. In February 1984, New Ways to Work surveyed 38 job sharing staff nurses at Kettering Medical Center. Several nurses cited reduced burnout as one way job sharing benefits the Medical Center, its patients and themselves. In the words of one respondent, "With less burnout I can give 100% during time at work and rest on my days off."

A critical concern of job sharers and other part-timers is that all reduced work time options be voluntary. Some employers have mandated a reduction in hours for all or part of their workforce as a way to cut back on personnel costs without laying off workers. This not only undermines the positive aspects that the proper use of part-time options provides, but also reinforces organized labor's opposition to part-time employment on the grounds that it is too often exploitive.

Before opting for job sharing, special areas for consideration are how it will affect the sharer's income and career aspirations. The income question is relatively straightforward—whether half of a full-time salary is sufficient. Job sharing's effect on career advancement is less well defined or understood. Most sharers—and part-timers in general—concur, however, that their career is on hold while they are

working less than full time. Most also agree that keeping a partial attachment to their career while their children are young is preferable to dropping out of the workforce and then returning and retraining at a later date. However, potential sharers who aspire to the "fast track" should give this aspect careful thought.

The three case studies that begin on page 17 illustrate why job sharing has attracted some health care employees and how it has worked for them.

Making It Happen: Initiation and Implementation

Most organizations' first experience with job sharing begins with the request of a full-time employee who wants to continue a job on a less than full-time basis. This section will describe the initiation and implementation process from the employee perspective.

Some positions, by their nature, are difficult to divide into two discrete part-time jobs. For this reason, employees often suggest job sharing as a way to restructure a job's time, tasks and responsibilities in order to create a part-time option. Whether job sharing is initiated by current full-time employees or new applicants, three basic steps are involved in the process for the would-be sharers:

- Finding a partner
- Developing a proposal
- Making a presentation to the employer

Finding a Partner

Most employers prefer to consider the application of a team. They do not want the responsibility of finding a partner for a potential job sharer—particularly if this is their first experience reviewing a job sharing request. Consequently, the first step for those who want to share a job is to find a partner.

Although this puts more responsibility on the employee(s), it also gives them more control over the composition of the team. Since job sharers must be **compatible** and be able to **cooperate** and **communicate**, the search for and selection of a partner should be viewed as an opportunity to develop a sound basis for the proposed working arrangement.

Potential sharers often are concerned that finding a partner will be difficult; in practice this generally is not much of a problem. Most people find their partners close to home. **Co-workers**, including **temporary employees** who substitute during peak periods or vacation and holiday times, are a primary resource. In numerous instances job sharing arrangements have developed between employees who, after a period of parental leave, decided they would prefer to return to work part time rather than full time. **Professional associations, college alumni placement offices** and **employment agencies** that specialize in your field have potential for partner recruitment. Some people also have had success **advertising** for a partner.

Although in many fields there may be an advantage to pairing people with different sets of skills and experience, in health care—particularly if direct patient care is involved—a partner with the same skills is generally preferable. (Some employers have even stipulated this as a requirement). A little disparity of experience, however, can be viewed as a plus—for example, an experienced RN or social worker teamed up with a recent graduate.

Besides considering compatibility, cooperativeness and the ability to communicate, give attention to finding a partner with common work habits, a similar career orientation and a certain amount of flexibility. The latter is particularly important if you expect to be rearranging your schedules and trading time to any great extent. How important flexibility is varies with individual situations, both in terms of employee interest and employer willingness to allow such flexibility. Some sharers have family responsibilities or education and training schedules that restrict their ability to trade time. This is another area in which expectations between partners, and between the team and the employer, should be compatible.

In sum, when looking for a partner, keep these attributes in mind:

- Compatibility
- Cooperativeness
- Ability to communicate
- Similar skills
- Similar work habits and career objectives
- Able to trade time and willing to do so

Developing a Proposal

More and more often, employers are asking potential job sharers to

submit a written proposal that defines the arrangement and details how they would like to work together. Even if it is not specifically requested, writing a proposal can be an excellent way for sharers to develop their case before they present it. The overall focus should be on the organizational benefits of job sharing. In general, what employers want to know is:

What will it cost? Employers know there will be additional costs associated with hiring two people for a position instead of one—the extra paperwork involved in adding names to the payroll, for example, is unavoidable. Their problem is assessing the extent of the costs or savings that are associated with this new work arrangement. Information about how benefit costs can be prorated, scheduling can be improved, use of temporaries can be decreased, etc. should be included. (See pages 26 and 27 for more cost information.)

How does it work? The idea that two people can share the tasks and responsibilities of one full-time position is still new to many people. A detailed work plan showing who will do what, and when, must be developed and presented in your proposal.

Who will be responsible? The employer needs to know that you feel a joint responsibility and that you will work efficiently and effectively as a team, to whatever extent necessary. Affirm your commitment to this in both the written proposal and the interview.

Where else has it been tried? Information about other employers of job sharers in your particular field or job classification is very helpful. Make it as industry-specific as possible. If you are RNs or physical therapists who want to share a position, details about teachers or executive secretaries who share a job will not be pertinent. The case histories in this handbook are intended to be helpful in this regard. You may find more information through local inquiries or by contacting the member organization of the National Network for Work Time Options nearest you. (See page 43)

How will one of you know what the other is doing? Effective communication is important in any job sharing situation. Where patient care is involved, it is critical. A system that ensures you can keep each other informed must be carefully thought out and articulated in your

proposal. Also cover how you plan to communicate with your supervisor and with co-workers.

What are the advantages to the supervisor? To the organization? In thinking through these questions, keep in mind both the day-to-day and the long-range benefits. These are the arguments you will need to persuade the employer to change a system that, from his perspective, may already be perfectly satisfactory.

What will you do if one of you leaves or the sharing doesn't work out? Employers need to be assured that continuity will be improved by job sharing. Normally, if a full-time employee proves unsatisfactory or leaves for another position, the job is left vacant until a replacement can be found. But if one partner leaves a shared position, at the very minimum the job is covered half time. If the remaining partner is willing and able to fill in until a replacement is found, the employer never is shorthanded.

In general, give attention to any and all advantages job sharing might have over full-time or traditional forms of part-time employment.

Proposal Checklist

Your written proposal should include this specific information:

- ☐ How you as sharers plan to accomplish the required tasks.
- ☐ A proposed schedule.
- ☐ A communication plan.
- ☐ Compensation information, if appropriate.
- ☐ How you will cover required meetings.
- ☐ How you will maintain job continuity (e.g. what happens if partner leaves or is sick or on vacation).

Include job sharing's use in similar institutions and any other points that establish a rationale for using job sharing in the particular job you are proposing. Sample proposals begin below.

Making a Presentation

At some point you probably will make a presentation to your employer. This may be the first step in the process or may come after some initial application procedures. Your presentation should be treated like a job interview. In many respects, it will be a verbal version of your written proposal that emphasizes the same points.

It also will be the first time you have to function as a team in relation to an employer. Keep in mind that if you and your partner seem at odds with each other or in disagreement about the way the tasks will be accomplished, this will affect the employer's impression of how well you will work together.

Sample Proposal: Assistant Clinical Supervisor (ACS)

The following materials were developed by two nurses, Jenny Croyle and Karen Oleszewski, and their supervisor, Deborah Klinger, R.N., M.S.N., M.B.A. The nurses subsequently shared an ACS position for three years at Doctors' Hospital of Prince George's County, Maryland. When the evaluation questionnaire was administered after the first two months of sharing, only two of the 45 respondents preferred the position be filled by one full-time nurse.

Statement of Proposal

The following proposal is a request for and justification of job sharing for the assistant clinical position on the Fourth Floor Evenings.

Rationale

In order to further develop positions which encourage the employment of registered nurses who for various reasons are unable to work on

a full-time basis, it is proposed that a trial position be developed in which two staff members share a full-time supervisory position. This would permit the continued development of staff members who have the potential to contribute significantly to the nursing profession while fulfilling other obligations.

Criteria of Job Sharing

1. Two staff members who meet the criteria for an assistant clinical position.
2. Work a total of eighty hours per pay period to be divided on a consistent basis which meets unit and individual needs
3. All benefits would be divided between the individuals dependent on their needs, but not to exceed the benefits equivalent to a 1.0 FTE
4. Responsibilities for meetings would be shared by the individuals depending on interest and expertise

Potential Advantages

1. Provide mechanism for recruitment and retention of qualified individuals who choose to work less than full time
2. Utilize the strengths and expertise of two individuals
3. Provide additional opportunity for evening supervisors to become involved in planning and programs in the nursing department

Potential Disadvantages

1. Consistency in management style and practices
2. Communication between clinical supervisors, assistant clinical supervisors and staff
3. Data processing of two individuals in one position
4. Establishing precedent for others positions

Scheduling

A. Jenny Croyle	.6
Karen Oleszewski	.4*
B. Weekends	1 ACS will work every other weekend

*When this proposal was approved, Karen Oleszewski's schedule was increased to .5

C. Holidays	Each work every other
D. Sick Time	Cover for each other
E. Admin. Days	Both attend, one paid each time
F. Sample Schedule	1. Allows maximum number of days together 2. Each ACS should work with all permanent evening shift employees each pay day 3. Provides contact with CS and other ACS due to varying work days 4. Could be cyclical except on holidays when day will be exchanged

Responsibilities

A. Schedule	Each ACS will take a turn in preparing schedule
B. Assignments	Done together for two months then alternate on weekly basis; to be prepared one week in advance
C. Counseling	Discussed and planned by both ACSs—may be given by either; situations requiring immediate attention may be discussed by phone
D. Evaluations	Monthly meetings will be held to discuss and prepare evaluations; evaluation conferences will be scheduled in advance with employee
E. Schedule Changes	Done by either, at time of request. All changes will be documented in schedule book and when necessary, a note will be left to explain

Communication

A. Weekly Meetings	Every Wednesday 2:30-3:00 ACSs and CSs Tuesday 7:00 p.m. evenings ACSs
B. Hot File	For communication notes concerning schedule changes, assignments, problems, call-in, requests
C. Staff Meetings	Attended by both ACSs
D. Periodic Meetings	To develop guidelines for scheduling overtime, tardiness, visitors, calling H.O., night coverage
E. Phone Comm.	When necessary for immediate problem solving

F. Memo Book — To be read and initialed by each ACS on regular basis

Introduction to Staff

1. Staff meetings on all shifts to describe plan for job sharing.
2. Compile responses of staff and incorporate appropriate suggestions into overall plan.
3. Conduct follow-up meetings on monthly basis to allow evening shift to express response to the project.
4. Develop a questionnaire for staff to elicit problems staff members may not address in a group meeting.

Evaluation Criteria

1. Able to work together in a consistent manner without conflict.
   a) No increase in the number of problems of evening staff members directed to the CS.
   b) New ideas and management practices are discussed prior to implementation.
2. Inservice programs are offered every other week.
   a) Topics and times are posted three days in advance.
   b) Each ACS participates in planning and/or presenting specific topics.
3. Evaluations are completed within three weeks.
4. Communication effectively reduces problems, misunderstandings or inconsistencies in handling new policies and procedures.
   a) Communication book initialed within one week.
   b) ACS demonstrates understanding of policies and procedures.
5. Participation in committees is reflected through attendance and completion of projects.
6. Administrative meetings attended by ACSs.
7. Continue development of supervisory abilities through reading, seminars and classes.
8. Flexibility as evidenced by scheduling patterns, attendance at

selected meetings during off-duty time.

Employee Questionnaire

1. Are both evening ACSs consistent and fair in handling problems?
2. Are problems handled in a timely fashion?
3. Are explanations regarding #2 sufficient?
4. Do you receive the assistance necessary from both supervisors?
5. How has job sharing at the ACS level affected your ability to function?
6. What problems do you perceive in relation to job sharing at the ACS level?
7. Is there a problem with communication between the ACSs and the evening staff?
8. Comments:

Sample Proposal: Modified Sequence Internship

The material below was provided by Judith Murphy, M.D., and Jane Hunter, M.D., who successfully shared one pediatrics internship at Stanford Hospital, 1978 to 1980.

Goals

1. Assume same responsibilities and acquire same knowledge and skills as all full-time interns.
2. Gain meaningful time for family responsibilities.

Plans

1. Two of us would occupy one internship position and conform to established rotation schedule.
2. The normal internship salary would be divided between us.

3. It will take us two years to complete the internship. Each of us will have rotated through all services.

4. We would alternate rotations:

a) The hospital would have full coverage at all times.

b) No special schedule would have to be designed. No reduction in night call or weekend duty is requested.

c) Each of us would have a month on/month off schedule.

Cost

1. To us—additional year of career delay and low income.

2. To pediatrics—development of unforeseen problems. However, no special adjustments in scheduling. One intern's salary for both years is net equivalent of our doing internships sequentially rather than together.

Rationale

In order to function well as a physician it is essential that a person be as healthy and conflict-free as possible. We are mothers of young children committed to doing our best both as doctors and wives/mothers. We strongly feel that responsibilities in both areas can best be met during the critically important internship period by obtaining modified sequence training.

In no way do we wish to compromise the high standards of the hospital training program. Please note we are *not* asking:

- for a part-time or reduced obligation but a modified sequence.
- to omit any night call or weekend duty, nor for special extra vacation time.
- to omit or take a watered-down version of the more difficult rotations.

We will keep the same schedule as all interns during our on month and rotate through all services in the program.

We expect to be compensated only for the periods actually worked.

We do not expect to be considered 2nd class interns.

Sharers' Interim Evaluation of Shared Internship

Major Advantages: 1. Shared time schedule has allowed a whole-hearted focus on professional responsibilities while at work. Much

domestic responsibility can be deferred for a month, permitting a more active participation in the hospital. There is less pressure to hurry and get out at the end of the day, less of a tendency to short-cut, and less resentment of patients' demands for time and attention than is felt on a full-time schedule.

2. We have not experienced long-term sleep deprivation. We feel we would have been much more irritable if our sleep deprivation had not been episodic; this would have made life more difficult for our families, patients and co-workers as well as ourselves.

3. There has been time for professional extras. In off months we have done more reading, attended lectures, etc., that would not otherwise have been possible.

4. Our families are happier than any of us anticipated possible during an internship. Our husbands are willing to assume a level of responsibility at home for short periods that they could not tolerate continuously. Our children have become graceful about the time demands of our work because they know they will get lavish attention when the off month arrives.

5. We have experienced personal as well as professional growth. There has been time in our lives for dealing with important personal issues as well as participating in the larger world outside the hospital.

Major Disadvantages: 1. We get a bit "rusty" in a month off. Some skills and tasks (e.g. complicated fluid orders) are not as automatic as for the interns who have constant practice. We can do all these things, but not in our sleep. We wonder, therefore, whether we are really as skilled as full-time interns at the 6-months mark. All our feedback has been that we are progressing appropriately.

2. We have had time to dwell on our insecurities. All of us started afraid; the others all sooner or later got too tired or too busy or too bored to have room for many doubts. We re-experience that insecurity (with diminishing intensity) as each new on month begins.

3. At some stage one needs to integrate work and the rest of life. Our schedule allows us to do better in both spheres than we otherwise could—but one at a time. We are not getting practice at how one keeps doing everything well simultaneously.

Potential Problems That to Our Knowledge Never Materialized

1. Hostility from faculty or other house officers.

2. Not being taken seriously.

3. Not having a peer group for friendship and support. We felt very much a part of last year's internship class.

We both remain very glad it was possible to do our internship in this way. We unhesitatingly recommend a shared program to anyone who has significant responsibilities outside of the hospital. We are grateful that you were willing to try this with us, and hope you will extend the opportunity to others in the future.

Case Study: Director of Physical Therapy

In 1974, Polyclinic Hospital in Cleveland, Ohio, was recruiting for the position of director of physical therapy. Among those contacted during the search was Mary Kerrigan who was working part time while raising two small children. Ms. Kerrigan was attracted to the idea of an administrative position within her profession, but she felt it impossible to do on a full-time basis. A brainstorming session with Barbara Rees, a fellow therapist and friend, who also worked part time while raising a small son, resulted in a proposal to job share the position.

Initially the hospital was not receptive to the idea, but the administration's need to fill the position with competent candidates convinced them to give it a try. Working with the personnel director, the team developed a mutually acceptable schedule, with Kerrigan working 16 hours and Rees 24 hours. They split the week, Mondays/Wednesdays and Tuesdays/Thursdays/Fridays. Both sharers received benefits based on the number of hours worked, although they received health benefits only for themselves without the family coverage normally provided to hospital department directors.

Their first major challenge was to resolve the issue of which sharer would be accountable to the administration. Both Kerrigan and Rees felt strongly that they should share reporting responsibility. Kerrigan says, "The hazards of job sharing an administrative position are accountability and continuity. By establishing and maintaining consistent standards, constant communication, and sharing the failures as well as the successes of our work, we successfully demonstrated the feasibility of joint accountability to the administration."

Four years after initiating the shared arrangement, Polyclinic was merged with Woman's General Hospital. During the merger's transition phase, which lasted for approximately six months, Kerrigan and Rees switched to full-time schedules and shared the director positions at both hospitals. This time expansion was temporary. The administration at Woman's General Hospital had agreed that job sharing would resume once the transition was completed. After the merger, Kerrigan and Rees did, in fact, resume job sharing the one position at Woman's General and remained there for two years.

In the fall of 1980, after six years of job sharing and changes in their family structures, both sharers were available for full-time positions. Ms. Rees accepted the position of director of physical therapy at the Mt. Sinai Medical Center in Cleveland, and Ms. Kerrigan assumed full responsibility at Woman's General Physical Therapy Department.

The two remain close friends and continue to advocate alternative ways to work. In fact, a subordinate position in the Physical Therapy Department at Woman's General was filled in 1980 by two male therapists with a similar job sharing arrangement. Kerrigan made this decision because of the "combined expertise of the individuals involved." However, the therapists' reasons for sharing was quite different from that of the Kerrigan-Rees team. During the time when they were not working at Woman's General, both sharers pursued advanced education and a wider range of experience by working at other part-time jobs in a sports medicine setting. This arrangement was concluded once the sharers completed their advanced schooling. (For a description of this arrangement, see *Clinical Management*, Vol. 4, No. 1, January 1984 "Job Sharing in Physical Therapy.")

Ms. Rees has instituted several alternative employment arrangements within her department at Mt. Sinai Medical Center, including job sharing, which have enhanced the scope and quality of patient care.

Although job sharing is not currently used in the Physical Therapy Department at Woman's General, Kerrigan has acted as an experienced consultant to other hospital departments that have instituted job sharing arrangements. Should an opening occur in her own department, Kerrigan says she would always consider job sharing as a viable alternative to traditional one person/one position staffing.

Case Study: Oncology Counselor

Psychosocial oncology counseling is a relatively new field, and Community is the only hospital in Indianapolis that presently has the position of clinical oncology counselor. Responsibilities of this job include many aspects of psychotherapeutic intervention—crisis intervention, individual marital and family counseling and facilitating communication between patients, families, physicians and staff.

For the past two years, William G. Morice, Ph.D., and Jacqueline A. Morice, Ph.D., have shared this position, which formerly was filled on a full-time basis. They advanced the proposal to share when the full-time worker was unable to return from maternity leave. Although their initial proposal was not accepted, the Morices were successful in selling the idea a few years later. Jackie works Monday and Tuesday; Bill works Wednesday, Thursday and one night a month. Both of them work together on Friday mornings.

The Morices help individuals and families deal with their concerns, thoughts and emotions when facing the impact of cancer on their lives. They also assist with staff training and development and inservices, which have covered areas of patient behavior and management issues, family dynamics and assessment skills. Community Hospital offers this service, free, as part of the total oncology care. According to Jackie, "There is a growing awareness of the emotional needs of cancer patients, especially as patients live longer and are being faced with more treatment decisions."

Working together has allowed the Morices to provide more comprehensive counseling and has resulted in few problems, according to the couple. "The nature of the job is very stressful and by sharing it we avoid burnout," Bill says. "We also bring different skills, insights and experiences to the job."

Another advantage the Morices have found is that people relate differently to male and female counselors. Depending on whether the patient feels more comfortable with one sex or the other, Bill or Jackie can meet with the patient. By having two people cover the same job, they can also be more flexible and accessible to patients. Bill comes in one evening a month to meet with family members who aren't able to come during the day.

An additional benefit for the Morices is the exposure to a wider range of patient problems and the ability to work together in solving them. Bill and Jackie both feel good communication has been their key

to success. By keeping each other informed and up-to-date in an organized fashion, the job becomes easier and more enjoyable.

The only disadvantage Bill and Jackie mentioned about their arrangement is that they have trouble not discussing their work at home. Otherwise, from providing more time for other interests to reducing stress, job sharing has proved beneficial for both of them. And the positive feedback from both patients and staff has been rewarding.

Case Study: Charge Nurse

"Job sharing puts you one step above being just a working woman. It allows you to enjoy your life as well as your job," says Barbara Gamberg, a career nurse in the orthopedics clinic of Stanford Medical Center. Barbara stopped being "just a working woman" in 1972 when her first daughter was born. She had postponed motherhood until she was 30. Following a brief maternity leave, she naturally returned to work full time.

"But after a couple of months I felt I wasn't giving my best at work and I felt guilty about not being a good mother." Her dilemma worsened with baby Karen's chronic bout with allergies and asthma.

"The logical solution was for me to leave orthopedics and float part time because that was the only kind of part-time position available to clinic nurses." But Barbara's supervisor, the chief of orthopedics, had a different idea. He preferred to have her there part time than not at all; and he suggested the job share arrangement.

Some job sharers are promoted but most must return to full-time work before they can climb the traditional career ladder. For Barbara Gamberg, a job sharer for ten years, there are compensating rewards.

"I love it this way. Job sharing gives me time to do other things. I'm giving health seminars at the Sunnyvale (California) School District. My daughters now are seven and almost ten so I have a Brownie troop. I've returned to college to obtain my B.A. I even have time to have lunch with my friends."

Barbara's partner for the past eight years shares similar reasons. "I was pregnant and wanted to work part time," says Gail Irvine, a Stanford float nurse for two and a half years before she joined Barbara in 1975. "I didn't want to stop working but I wanted to take classes with

my son and do some of the other things non-working mothers do."

Barbara works Monday, Tuesday and Wednesday, leaving Thursday and Friday for Gail. They share a Charge Nurse II salary. Barbara, working 24 hours a week and with almost 20 years of seniority, qualifies for health and dental benefits; Gail does not. Sick leave, vacation and retirement also accrue according to time worked per week and length of service.

Together they are responsible for outpatient care in the orthopedics, neurosurgery, neurology, immunology and chest clinics, supervising eight other employees. The clinics are held on different days. According to Gail, job sharing in this position is easier because they don't have a lot of overlapping duties. Barbara works with certain doctors and faculty while Gail works with others. If patients start out with Gail on Thursday, they always make their return appointments for a Thursday because the doctor who oversees the clinic only has clinic on that day.

Both nurses feel communication is the key to their long-running success. They keep a daily log and telephone each other at least once a week. "In the beginning the hardest thing was to be sure we communicated," notes Gail.

Reflecting on that early time, Barbara feels part of the problem was hers. "I had worked full time for a long time and the employees and the doctors depended on me a lot. I knew where everything was and what everybody was supposed to do at any given time. It was difficult for me to make the transition, to give up that authority."

Once she adjusted to the fact that the clinic could survive without her, she undertook a process of re-educating the doctors and staff. Although this must be repeated for each new rotation, both nurses feel it has been well worth the extra effort.

"I think hospitals, clinics, and all kinds of medical facilities would benefit from job sharing if they would just give it a chance," Barbara says. "They just have to compare the turnover rates of full-time nurses and part-time employees. Part-time employees last forever."

Employers and Job Sharing

Questions of Cost and Management

For employers, questions about job sharing center on what it will cost and how it might help them manage their organization's personnel needs more effectively.

Cost Considerations

These considerations fall into two categories: those specific to individual shared positions and those relating to the restructure of a number of positions. To some extent, the costs will depend on how and why a particular organization institutes job sharing. Is job sharing being considered because of difficulties in recruitment, as a way to improve scheduling or reduce absenteeism and turnover, or as a "handle" to several different problems? Are there cost implications related to not trying job sharing? What kinds of savings, both immediate and long-range, might be projected?

When considered by position, the direct costs of job sharing include salary and various fringe benefits.

Salary: Most job classifications have entry, middle and maximum ranges of compensation, so even when sharers have the same skills and are sharing interchangeably, they may not receive the same rate of pay. Employers generally prorate the base salary rate for each sharer according to his or her experience and qualifications, so partners often are paid at different rates. This can result in savings for the employer if, for example, the team is composed of a former full-time employee at the maximum of the classification's salary range and a partner below this level.

Statutory benefits: These include social security, unemployment insurance and workers' compensation insurance. Social security is currently computed at 7% of income up to $37,800 a year (1984 ceiling). An employer would incur an extra expense for job sharers only when they share a position that pays more than $37,800. For positions at or above the ceiling, the employer is charged 7% of the excess up to $75,600 (double the $37,800). Unemployment insurance also is computed on a per capita basis. Because rates and limits vary from state to state within the framework of federal legislation, it is difficult to generalize about unemployment insurance costs stemming from job sharing. However, they are always slightly more. Workers' compensation insurance is determined by the particular policy carried by the employer but often is based on a percentage of payroll, which means that there would be no additional cost.

Compensatory benefits: These are wages paid for time not worked, such as sick leave, holidays and vacation. For sharers, they generally are prorated according to the amount of time each partner works so the employer incurs no additional costs if a job is shared. Some employers have reported savings in this category as a result of decreased need for expensive substitutes or reduced use of sick leave.

Supplementary benefits: Less standardized than the other categories, these benefits supplement an employee's income by providing some or all of the following: insurance (medical, dental, life, long-term disability), pension plan, tax-sheltered annuities, tuition payments and employer support for child care. It is important for employers to extend supplementary benefits to job sharers and other permanent part-time employees so they identify as full-fledged members of the organization's workforce. In order to include these employees without incurring an

inequitable expense, many employers prorate the cost of a benefit or the amount of coverage. For example, some employers pay half the health insurance for each job sharer that they normally would pay for a full-time employee. The sharers have the option of paying the remainder. Health coverage for employees who work a minimum of 20 hours a week is increasingly common. In cases where contracts mandate the employer's paying full benefit coverage for other part-time employees, extra costs will be incurred with job sharing.

After medical insurance, a firm's pension plan is probably the most important supplementary benefit. Pensions are computed as a percentage of salary, and the cost can be automatically prorated. A problem often arises, however, when an older worker wants to phase retirement by working part time or job sharing. The retiree's annuity generally is determined by the level of income earned during the three to five years preceding retirement or the three to five highest salary years. Employees who work part time at the end of their career may find their retirement income reduced unless there is a policy that allows for use of the full-time salary equivalent in the pension formula.

Some indirect costs an employer might incur are those associated with administrative overhead or payroll, recruitment and training. Limiting job sharing to current full-time employees keeps these costs to a minimum. If, however, the impetus for authorizing job sharing is recruitment for hard-to-fill positions, and this new option provides the desired "edge," the extra costs may be worth it.

The worksheets on pages 26 and 27 will help you estimate the cost per position for job sharers. Estimating the cost for a number of positions or a program is more complicated and beyond the scope of this handbook.

In general, however, savings identified on a per-job basis will be compounded and additional factors such as elimination of overstaffing because of absenteeism, improved recruitment, etc. may be included as well.

Management Considerations

Job sharing's potential for managing more effectively has prompted employers with one or more successful job sharing arrangements to consider expanding its use. This can be achieved by responding to requests as they arise, focusing on a group of positions or employees, or targetting a particular organizational problem. For example, an employer may assign priority to job sharing requests from employees with young

children, or to employees pursuing further education. Another employer may designate certain positions, such as charge nurse or nutritionist, as open to job sharing. Yet another may use the idea of two people sharing one full-time job as a recruitment device or as a way to reduce turnover.

Job sharing has other potential advantages as a management tool: It can be used as a new employee benefit, which improves employee morale; it is a way to spread employment and minimize layoffs; and it offers the possibility of redesigning schedules in order to improve service.

New benefit for employees: More employers are becoming aware of some employees' interest in trading salary for non-work time. In 1979, the National Commission for Employment Policy conducted a nationwide survey of work time preference and found: "A solid majority of workers would give up at least 2 percent of current earnings for their choice among five different forms of free time, and one-fourth claimed a desire to forego 10 percent or more of their income for time." In this context, reduced work time options can be viewed as a new form of compensation.

In health care, as in other industries, the most prevalent reason for the first-time authorization of a job sharing situation has been an employer's desire to accommodate a valued employee. Viewed in a broader sense, this translates into an option that can be used to enhance recruitment, reduce turnover and improve employee morale. It is generally accepted that improved morale results in better job performance and, in the case of health care professionals, this often means better patient care as well.

Minimizing layoffs: Reduced patient loads, rising costs and shrinking income have combined to create a situation that is forcing many health care organizations to look for ways to control personnel costs. Job sharing and other reduced work time options are often suggested as a way to minimize layoffs while cutting back on paid work hours. In this context, it is important to remember that **job sharing works well only if it is voluntary.** Mandating job sharing inevitably results in lowered employee morale and union resistance. But setting up a policy that encourages voluntary job sharing under conditions that ensure parity with full-time employees generally accomplishes some desired payroll reduction and enhances morale, making other adjustments more palatable.

Cost Analysis of Job Shared Positions

	Job Sharing Costs			Current Costs
	Employee A	Employee B	Total	Full-Timer
I. Base Salary				
II. Overtime				
III. Employee Benefits				
A. Statutory				
1. Social Security				
2. Unemployment Ins.				
3. Worker's Comp.				
B. Compensation				
1. Sick Leave				
2. Vacation				
3. Holidays				
4. Other				
C. Supplementary				
1. Insurance:				
Life				
Med., Dental				
L/T Disability				
2. Pension				
3. Tax Shelter Ann.				
4. Tuition Pyt.				
5. Employer Supported Child Care				
6. Other				
Total Direct Pos. Costs				
IV. Indirect Costs				
A. New Hire/Admin.				
B. Training				
C. Supervisory				
D. Square Footage Costs				
E. Other				
Total Costs				

Sample Guidelines—
Health Insurance Cost Sharing

Cost Conscious Hospital (CCH) shares the monthly cost of group health insurance based on scheduled hours.

Blue Cross, Blue Shield, Major Medical Contribution Schedules:
**I. For employees scheduled to work 32 hours to 47 hours per pay period*:

	FAMILY			SINGLE		
	FULL	25% CCH	75% EMP	FULL	25% CCH	75% EMP
Blue Cross	70.92	17.73	53.19	25.28	6.32	18.96
Blue Shield	30.20	7.55	22.65	12.05	3.01	9.04
Major Medical	5.45	1.36	4.09	2.08	.52	1.56
TOTAL	106.57	26.64	79.93	39.41	9.85	29.56

**II. For employees scheduled to work 48 hours to 63 hours per pay period:

	FULL	50% CCH	50% EMP	FULL	50% CCH	50% EMP
Blue Cross	70.92	35.46	35.46	25.28	12.64	12.64
Blue Shield	30.20	15.10	15.10	12.05	6.03	6.02
Major Medical	5.45	2.73	2.72	2.08	1.04	1.04
TOTAL	106.57	53.29	53.28	39.41	19.71	19.70

**III. For employees scheduled to work 64 hours to 80 hours per pay period:

	FULL	75% CCH	25% EMP	FULL	75% CCH	25% EMP
Blue Cross	70.92	53.19	17.73	25.28	18.96	6.32
Blue Shield	30.20	22.65	7.55	12.05	9.04	3.01
Major Medical	5.45	4.09	1.36	2.08	1.56	.52
TOTAL	106.57	79.93	26.64	39.41	29.56	9.85

* Maximum hours per pay period are 80.
** I - 2 days week but less than 3
II - 3 days week but less than 4
III - 4 or more days week

Improving service: Stabilizing personnel assignments by using a job sharing team rather than part-time "floaters" or temporary employees can contribute to better patient care. In the long run, making it possible for more personnel to participate in continuing education and training programs also is a factor in the quality of care. Some health care agencies—neighborhood health centers, for example—have extended their hours of operation to meet their patients' needs. They have found that a shared 12-hour shift is attractive to many employees. While it creates more paperwork, it also expands service and reduces employee turnover and burnout, and so enhances patient care.

Management Concerns

Employers may be concerned about what will happen if a partnership doesn't work out and whether "everyone will want to share their job." In practice, neither of these issues has ever proved a major problem. If one partner leaves, or the partnership dissolves, one sharer usually remains. At a minimum, this person can cover the job half time or, often, can work full time until another partner is hired. Concerns about too many job sharers can be resolved by limiting the number of shared arrangements the organization will authorize. Also the job sharing option is self-limiting—most employees are not financially able to work half time, even if they want to.

Implementation Process and Policy

What is the most effective way for an employer to respond when a full-time employee presents a request for job sharing, or the employer's ad elicits a response from a job sharing team? Based on the experience with this new work arrangement, the first step is to request a written proposal that provides the kind of information suggested on pages 7-10. The proposal can be reviewed by the direct supervisor and anyone else who needs to "sign off" on the arrangement.

If the proposal meets with a favorable response, the employer usually authorizes sharing on an experimental basis for a specified period of time—six months to a year—after which it can be evaluated.

Finally, if the evaluation is positive, the employer may decide to

expand the option by (1) increasing the number of shared jobs in the original classification, (2) expanding the possibility to other types of positions or (3) considering the development of policy that would enable all employees to consider job sharing as an option under certain conditions. (See page 35 for sample policy.) For most employers, the normal pattern for introducing job sharing has been incremental—from one, to several, to an option for all.

The first shared job in an organization generally is authorized for one of two reasons: in response to an employee's request or as a way to enhance recruitment.

Employee Request

Employers usually have one of two reactions to a request for job sharing: "No, we don't do that here," or "We haven't ever done that. How would it work?" A small percentage of those who respond the first way have been persuaded to try job sharing. Increasingly, those who respond the second way authorize at least a trial arrangement, especially when they've been presented with a well-organized proposal that emphasizes organizational advantages.

Most employers, not wanting the responsibility of finding a partner for the potential job sharer, ask the interested employee to locate one before they will consider a request. Some require that the partner be another full-time employee in the organization, while others have used job sharing to bring in new hires. In some instances employers have established a simple procedure, like setting up a "potential sharers file," to help employees find other members of the organization's workforce who also might be interested in reducing hours. All these techniques eliminate the need for formal recruitment.

Enhancing Recruitment

On the other hand, some organizations want to use job sharing to enlarge their pool of applicants. If they have had difficulty attracting enough qualified candidates, either in general or for hard-to-fill classifications, they may want to advertise a position as open to either full-time applicants or job sharing teams. If the local labor force has a high proportion of students or retirees, or is located in a suburban or rural area where traditional family patterns still predominate, offering good, permanent part-time employment opportunities may significantly

increase the quantity and quality of an organization's applicants. Two case studies in this handbook, Kettering Medical Center and Cleveland Woman's Hospital, illustrate how job sharing can be used to make recruitment campaigns more successful.

Sample Interview Questions

- ☐ How do you feel about sharing tasks with a partner, knowing you will be responsible for the total end product?
- ☐ How do you feel about sharing equally in the tedious tasks as well as the more interesting ones?
- ☐ How will you react to making joint decisions with your partner, knowing you might have to alter or compromise some of your ideas?
- ☐ When problems arise in the job, will you be able to talk freely and openly about them with your partner, even if the problem centers on one of you not doing your share of the work? Give an example of how you might handle a particular problem.
- ☐ How flexible are you willing and able to be if scheduling or coverage becomes a problem?

Interviewing Teams

Once an employer has agreed to consider a team's application or request, he or she generally arranges an interview as the next step. When interviewing a prospective job sharing team, most employers try to determine three things from the way the potential sharers present themselves:

1. Are the applicants basically cooperative rather than competitive?
2. Are the applicants well-organized in terms of materials and approach? Have they developed a well-thought-out proposal for the sharing arrangement?

3. Do the applicants appear to communicate openly and well with the interviewer and with each other?

The more collaboration a team needs to share a particular position successfully, the more important become the "three Cs"—communication, cooperation and compatibility.

Review Guidelines

When reviewing job sharing requests, employers often have questions about what kinds of positions can be shared and how to go about redesigning a full-time job.

As the NWW survey of health care organizations indicates (see p. 42), innovative restructuring has taken place in a wide variety of job classifications. Restructuring supervisory positions probably presents the greatest challenge because of concerns about the potential for confusion and "mixed messages." However, there have been numerous successfully shared supervisory positions. The key appears to lie in the job sharers' ability to work collaboratively and project a sense of unified authority. Some sharers split the supervisory responsibility and deal with smaller units.

When reviewing or designing a proposed work plan, an employer should keep in mind that each case will be slightly different. The job elements that must be addressed are **task, time** and **communication.**

With the exception of a few types of classifications—like staff nurse, where partners are interchangeable and each does all the tasks when on duty—the first step is to look at the position's tasks and responsibilities. Next, consider how each sharer's skills and experience relate to these tasks and responsibilities. Physical tasks, intellectual tasks and interpersonal tasks all should be considered. If the partners have not already done so, they should use the job description to analyze how the requirements correspond to their own skills and experience and list how they would recommend sharing them. To do this they should:

1. Differentiate between major and minor responsibilities.
2. Identify their own skills and work experience and how they relate to the responsibilities and skills of the position.
3. Distinguish similar and dissimilar skills.
4. Discuss their own strengths, weaknesses and preferences relative to the job.
5. Divide the responsibilities based on information from the preceding four steps.

Review Checklist

☐ Do partners appear compatible and cooperative?

☐ Do partners communicate well with each other?

☐ Does the proposed work plan:
Divide the work equitably?
Take advantage of employees' special skills and experience?
Improve service or coverage in any special way?

☐ Does the proposal include a well-conceived communication plan?

☐ Does the proposed schedule meet all the needs of the job, including staff meetings, committee meetings, training sessions, etc.

☐ Does the proposed schedule offer any improvements over the current scheduling arrangement?

☐ If sharers are allowed to trade time and self-schedule, are there any limits on their willingness or ability to cover for each other? If so, what are they? _____

_____

Sharers should be advised to divide the work equitably, with neither partner taking on a disproportionate amount of the less interesting tasks.

When considering scheduling options, sharers need to remember that the ideal schedule satisfies both the job's and their own needs. They will have to consider day-to-day coverage as well as meeting times. For collaborative positions, they should devise overlap and communication techniques. The employer might suggest using a briefing board or a

daily log. Sharers also have used tape recordings and the telephone to keep each other informed.

A unique aspect of job sharing that employers and sharers have found mutually advantageous is the possibility for partners to trade assigned time. Trading allows sharers to respond to both personal and work-related crises, increasing job continuity and often eliminating the employer's need for costly substitutes. This area, however, needs careful clarification: Both the organization and the sharers must be willing and able to be flexible and allow for day-to-day readjustments of time commitments.

Enlarging the Scope

As we've seen, an employer's first experience with job sharing often takes place on a small scale outside the framework of normal personnel processes and procedures. When job sharing is negotiated directly with current full-time employees, or between an applying team and a supervisor, it is handled as an exception to the rule. If successful, management may begin to consider enlarging the scope. This can be done in several different ways.

Targetting job classifications: An employer may authorize job sharing for the first time because of difficulties with a particular position—recruitment or high turnover or a need to improve scheduling. If job sharing solves the problem, the employer may expand it within that job classification. The danger in this situation is that management will associate job sharing with a specific job category, limiting its potential as a broad-based employee option and management tool.

Addressing a particular issue: Some employers use job sharing to recruit new personnel or reduce excessive absenteeism or create new options for working parents. As a problem-solving tool, it can be applied to one job at a time or to several different classifications or departments on a limited basis.

Setting up a pilot project: Such a project can test the wide range of effects of this work time option. Because it is by nature finite and experimental, it has several advantages. It does not represent a permanent change, so it is less threatening to those who are happy with the status quo. It allows restructuring of more jobs at more levels, so

results can be observed and evaluated. Policy and process issues can be identified and change recommended as necessary.

Whichever approach to expanding the use of job sharing an employer chooses, some policy and process questions must be resolved before job sharing is offered as a wider option. The checklist below suggests the questions most employers have had to consider.

Policy And Process Checklist

- ☐ Pair formation: Who is responsible for finding a partner for a potential sharer (a) initially, (b) if one partner leaves an existing team?
- ☐ Pair composition: Are there limitations on the type of teaming that is acceptable? Must they be equally qualified? Are split-level teams acceptable?
- ☐ Limitations on sharing: Will there be limitations on the number of teams that can be formed per unit or per department?
- ☐ Scheduling flexibility: Are there limits on trading time between partners?
- ☐ Responsibility for continuity of coverage:
  - Short term (illness, accident, etc.)
  - Long term (vacation, medical leave, partner quitting)
- ☐ Benefit eligibility:
  - Health insurance
  - Life insurance
  - Vacation, holiday, sick leave
  - Educational assistance
- ☐ Retirement service credit
- ☐ Other

On the Job: What Makes It Work?

As noted in an earlier section, the most critical factor in successful job sharing (and other forms of permanent part-time employment) is that it be **voluntary**. If employees are forced into part-time work, or if part-time positions are the only option available to applicants, they may take the job but resent it because they really need and want full-time work.

Equally important is the **direct supervisor's support.** Job sharing works best in a supportive environment where the part-timers are accepted as part of the permanent work force and have parity with full-timers.

Flexibility is another key to successful job sharing for both individuals and organizations. Flexibility on the part of the employees is necessary to ensure that important meetings are attended, emergencies are handled and scheduling is geared to the needs of the job. Sharers need to be able to come in for an important meeting, answer a question on the phone, or put in some extra time—just as full-timers do if the job requires it. Employers who are flexible enough to allow sharers to trade time and self-schedule benefit from improved coverage, job continuity and reduced absenteeism.

Communication with co-workers is just as important as communication between sharers and their supervisors. Disseminating their schedules to everyone they have contact with, conscientiously maintaining files in all areas of involvement and using memoranda generously to keep co-workers informed all are means to this end.

Policy/Procedure Guidance

Subject:	Job Sharing
Purpose:	To provide a procedure for developing job sharing positions at XYZ hospital.
Scope:	All employees of XYZ hospital on a job-by-job approval basis.
Policy Statement:	XYZ hospital will allow job sharing upon completing the following procedure and receiving proper approvals.

Definition: Job sharing is two or more persons filling one full-time position.

Procedure:

1. This procedure, to establish job sharing within a department, may be initiated by the department supervision or employees who wish to propose job sharing. A written proposal must be submitted to the Department Head for review. The proposal must include:
   a) Which full-time position(s) will be involved.
   b) A proposed schedule of hours of the participants of the job sharing proposal.
   c) The names of the proposed participants if both are available.
   d) A description of the methods of communication to be used by participants to coordinate the duties of the position, including how coverage will be made in the event of the absence of one of the participants.
   e) Proposed changes in responsibilities, if any, otherwise all participants will be responsible for all job functions.
2. If the responsibilities are substantially equal, the grade of the shared job will remain that of the full-time position in question. If the responsibilities are divided and not equal, each part must be evaluated separately.

3. The participants may be at different steps within the grade(s) in question because of length of service, ingrading, performance, etc.

4. Salary increases will be granted to each participant at the appropriate review date according to performance evaluation review policy. In administrative and supervisory positions, there shall be a team evaluation of the position objectives in addition to the individual performance evaluation review.

5. The supervisor or department head shall review

the proposal and pass it on to the Manager of Employee Relations and the Administrative representative for approval.

6. The job sharing position shall be posted and filled according to regular personnel procedures. There should be provision for assessing compatibility of the sharers to function as a team.

7. If either job sharing employee terminates his or her employment, the position may remain "eligible for job sharing." It is the supervisor's responsibility to find a replacement for the vacant portion of the position.

Case Study: Staff Nurses, Kettering Medical Center

In late 1980 this 600 plus-bed general teaching hospital was having difficulty recruiting the appropriate number of staff nurses to fill vacancies. In an effort to determine the underlying causes, the personnel and nursing departments interviewed current staff, conducted exit interviews and studied the demographics of their workforce. It became apparent that the primary reason nurses were leaving was the inflexibility of the nursing schedules, which required them to work every other weekend, with days off during the week. In light of this finding, the hospital established a task force to recommend staffing alternatives that would meet employees needs for scheduling flexibility, satisfy the hospital's interest in creating a stable workforce and encourage employees to pursue further education.

The task force effort brought about the following staffing options:

1) Monday-Friday with every weekend off
2) The Baylor Model of two 12-hour shifts on the weekend
3) Job sharing with two or more nurses sharing one 40-hour shift per week
4) Peak-hour staffing
5) Per diem

6) The traditional model requiring work every other weekend.

These various options were offered in March 1981, and according to the personnel director, "The combination of them all helped us solve our staffing problem."

To ensure smooth functioning of the job sharing model, the nursing department developed the following guidelines:

- Job sharers must work full-time (8-hour) shifts.
- Maximum job sharing positions per unit is five with a 2:2:1 ratio for first, second and third shifts.
- Partners must be equally qualified: i.e., RN with RN, LPN with LPN.
- Job sharers are expected to work out their own schedules for coverage involving short-term absence.
- Job sharers are not expected to cover for partners' long-term absence, i.e., vacation or medical leave.

Benefits for job sharers are prorated according to hours worked for vacation, holiday and sick leave. To be eligible for health insurance at the group rate, life insurance ($2,000) and educational assistance, the employee must work a minimum of 20 hours a week. Retirement service credit is prorated between 20 or 40 hours a week.

In the more than three years since the program was initiated, the highest level of nurse participation occurred in June 1983 when 90 nurses were sharing 42 positions. In 36 of the positions two individuals shared the work; in the remaining positions three, and in one case, four individuals shared. The shared positions were more heavily concentrated on the first and second shifts, with 16 on the first, 19 on the second and seven on the third shift. Distribution across units in the hospital found 10 positions in Maternal/Child units, 13 in Medical units, 12 in Surgical units, five in Cardio-Vascular units and two working as floats.

Statistics of particular interest showed 15% of the job sharers were new hires, 14% had switched from full-time positions and 71% had switched from part-time positions. In an effort to determine the reasons for the preference of job sharing over a standard part-time schedule, job sharing nurses were surveyed early in 1984. The following reasons were most frequently cited: more schedule flexibility; someone to swap days with; better choice of hours to work; feeling of continuity and belonging.

Many job sharing nurses have told NWW that the feeling of continuity and belonging is a major reason they prefer job sharing to the standard part-time schedule. Said a Kettering job sharer, "When

working part time I floated from one unit to another. It is good to have a home. I feel I can give better nursing knowing the type of patient, his or her specific needs and how to go about meeting those needs."

As with many hospitals, Kettering experienced a decline in patient census in the latter half of 1983. During this time approximately 50% of the job sharing nurses moved into full-time positions as they became vacant. The job sharing positions were not refilled due to the declining census, but the personnel director expects that those positions will be re-established now that the census has stabilized.

After three years using the job sharing model for staff nurse positions, both the nursing and personnel departments are satisfied that they are achieving their original goals. When Kettering's personnel nursing policy manual is updated later this year, it will include the job sharing guidelines.

Case Study: Public Health Nurses, Marion County, Indiana

For the chief nurse of the Marion County Bureau of Public Health Nursing, job sharing has been a valued scheduling option for more than 15 years in three different organizations. Doris Wagner, R.N., M.S., F.A.A.N., first offered job sharing as a staff option in San Jose, California, where, she says, she was "plagued with the problem of individuals who resigned when they were going to take maternity leave since they felt they could not return to work on a full-time basis."

She realized she was continuously losing well-oriented, seasoned nurses and incurring new expenses to recruit and orient their replacements. After some time spent "selling" the concept of job sharing to the business office and other members of the administration, Wagner initiated a program that worked to everyone's satisfaction.

In her next position with an East Coast HMO, she used job sharing to retain two psychiatric nurses, experienced staff who needed to reduce their hours. After moving to her current position in Marion County, Indianapolis, she began work on convincing the administration there of the merits of job sharing. In 1976 the concept was introduced and over successive years a formal program has evolved.

Through trial and error, a policy was developed for guiding potential sharers and the personnel section. Wagner cautions against doing what

she tried initially—finding a partner for nurses wanting to share their job. "When I tried to find a partner for someone, I found that there was no commitment between the people sharing a position. And if someone was newly employed there was no commitment to the organization." She feels that requiring sharers to locate their own partners may delay the process but the end result will make the delay worthwhile.

In 1978, Wagner developed the following policy:

> A "shared position" is one in which one full-time nursing position, consisting of certain census tracts, schools and assigned clinics, is then shared by two people, each working for half of each pay period in maintaining this full-time position.
>
> A nurse who desires to work part-time needs to locate a partner, and each needs to put in 20 hours per week or 40 hours bi-weekly; this permits them to be classified as a permanent employee (though part-time) and as such, are entitled to receive pro-rated fringe benefits. The nurse who is part of a shared position is then responsible for reporting to the nurse who is not present about what has occurred; which patients need to be followed; if attending a meeting, what policy she needs to be aware of. There needs to be a strong commitment between the two individuals involved.

An additional guideline for the program requires there be no more than two job sharing positions per district office. Since there are six district offices there can be a maximum of 24 individuals who share at any one time. As of May 1984, 11 positions were job shared with 10 filled by public health nurses and one filled by social workers. The total number of full-time equivalent positions in the Bureau is 179.

An unanticipated outcome of the job share program has been increased visibility for the organization within the community. In April 1984 the National Network for Work Time Options honored the Marion County Health Department as "Employer of the Year." Subsequently the local CBS affiliate developed a feature story on job sharing that included several sharers and adminstration from the department.

Two nurses and a social worker who were featured in the story later shared their sentiments about job sharing in letters to Wagner. The social work sharer captured the general tone of all three: "Other pluses include my feeling more refreshed and ready to meet the emotional demands of my position. I have experienced less burn-out by job

sharing than when I was working full time in previous social work positions. Another added benefit for me is that I have found myself to be more organized at home and in the office because I have less time to procrastinate."

Case Study: Assistant Head Nurse, San Jose Hospital

A unique application of the job sharing concept has been implemented with several assistant head nurse positions at San Jose Hospital in San Jose, California. In this 539-bed general hospital more than half the nursing staff are part-time employees who work either three or four days a week.

For several months in 1980, the assistant head nurse position for the Intensive Care Unit evening shift was vacant due to a lack of interested, qualified applicants. Discussions with the assistant administrator for patient care led to a proposal from two nurses employed in the ICU department to job share the responsibility of this vacant position. One nurse would continue to work full time and one nurse would work four days a week with an overlapping schedule on two out of every seven days. On the two days when both individuals are scheduled to work, it is their responsibility to designate which of them is in charge.

The administrator agreed to this proposal for a number of reasons. First, it resolved the unsatisfactory arrangement of continuing to cover the vacancy on a temporary basis. In addition, the two individuals had complementary strengths that enhanced the qualitative aspects of the arrangement. Since making this decision, the hospital has experienced better coverage in the Intensive Care Unit than at any time in the past.

Based on the success of the ICU model, several additional assistant head nurse shared positions have been implemented. In each shared position both parties work four days a week with an overlap on only one day of the week. Three of these are day shift positions in the Oncology, Intensive Care and Medical Units. A fourth is a night shift position in the Medical Unit.

By using this arrangement to share the position responsibility, the administrator feels she has facilitated a career transition for those nurses ready to take on a little more responsibility. Not having to

shoulder everything alone provides the sharers with a gradual step up the administrative ladder. Such an arrangement also gives a person who needs a less than full-time schedule some administrative experience—something not available in many similar settings. In one case in particular, a sharer refused another hospital's offer of a better paid position because the hospital insisted on a full-time schedule. She continues to need a part time-arrangement, so she has remained at San Jose Hospital. It is the administrator's hope that this nurse can move into a management position when she is ready to return to full-time status.

Because of a combination of factors, the shared arrangement costs the same as the traditional model of an assistant head nurse (AHN) for five days a week, with a charge differential being paid to a staff nurse on the AHN's two days off. The salary range for the assistant head nurse shared position is slightly less than the range for a full-time assistant head nurse. However, on the one day a week when both sharers overlap they are paid their regular salary. This is offset by not paying any charge nurse differential and by the slightly lower range established for the shared position. In addition, all nurses covered by the current contract contribute a proportionate share of the cost of their health insurance based on the number of hours worked.

The assistant administrator for patient care believes the extensive use of part-time staff is an efficient use of available resources. The area surrounding the hospital is heavily populated with young families, and a three- or four-day schedule meets a nurse-parent's need to balance work and family roles. At the same time it provides a broad pool of candidates for hospital recruitment staff.

New Ways to Work Health Care Survey

In May 1983, the Kaiser Family Foundation funded New Ways to Work to research the status of job sharing in health care organizations and make our findings available to those interested in this work time option. In July 1983, we surveyed 260 organizations across the country and obtained the following information:

Number of surveys returned	53
Number of states represented	23
Types of organizations responding:	
Medical center/hospital	40
Public health agency	4
Home health care	2
Medical clinic	3
Other	4
Number of organizations:	
Using (or have used) job sharing	28
With a formal policy for job sharing	5
With task force investigating job sharing	6
Total number of positions shared	136
Organizations with:	
One shared position	13
2-9 shared positions	4
10 or more shared positions	4
Number of classifications used for job sharing	28

Classifications:

Clinical nursing coordinator, assistant head nurse, RN, LPN, nursing aide, ward secretary, secretary, supervisor respiratory care, clinic assistant, medical office assistant, radiology technician, medical technician, orderly, dietary aid, social worker, receptionist, nursing assistant, medical social worker, ER nurse, medical records transcriber, quality control technologist, nurse educator, clinic nurse, nurse anesthetist, epidemiologist, pathology assistant, discharge planner, respiratory therapist.

Reason for using job sharing:	
Retention	20
Recruitment	11
Reduce turnover/absenteeism	4
Alternative to layoff	2
Broader coverage	3
Health benefits for job sharers:	
Same as full time	10
Share cost with employer	11
None	5
Other	2

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State Secondary Complex
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Upgrading Part Time Work: Why Unions Should Support Voluntary Job Sharing, 1982

Job Sharing in the Schools, 1980

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